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CONFIRMATION NO. 8209

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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RULE				

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/891,663 06/27/2001 ABN which is a CON of 09/710,884 11/14/2000 PAT 6,409,751  
which is a CON of 09/150,181 09/10/1998 PAT 6,196,230 *YES Pth.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none Pth.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 34	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Pth.</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

22852

## TITLE

Stent delivery system and method of use

FILING FEE RECEIVED 1051	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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